

Monthly GIC Plan Rates *as of July 1, 2004*

For retirees who retired **ON OR BEFORE 7/1/94** and Survivors¹

BASIC LIFE INSURANCE	RETIREE PAYS	COMMONWEALTH PAYS	TOTAL PREMIUM
Basic Life Insurance Only (\$5,000 Coverage)	\$0.53	\$4.77	\$5.30

Without MEDICARE PLANS²

HEALTH PLAN COSTS (Including Basic Life Insurance)	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	Retiree Pays	Commonwealth Pays	Total Premium	Retiree Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Plan with CIC (comprehensive)	\$75.61	\$467.56	\$543.17	\$172.07	\$1,054.77	\$1,226.84
Commonwealth Indemnity Plan without CIC (non-comprehensive)	51.95	467.56	519.51	117.20	1,054.77	1,171.97
Commonwealth Indemnity Plan PLUS	38.18	343.57	381.75	87.81	790.25	878.06
Commonwealth Indemnity Community Choice Plan	35.30	317.71	353.01	84.61	761.50	846.11
Harvard Pilgrim POS	38.17	343.48	381.65	91.54	823.88	915.42
Navigator by Tufts Health Plan	36.38	327.37	363.75	87.21	784.89	872.10
Fallon Community Health Plan Direct Care	28.10	252.93	281.03	66.71	600.39	667.10
Fallon Community Health Plan Select Care	33.74	303.67	337.41	80.26	722.29	802.55
Health New England	29.29	263.63	292.92	71.73	645.60	717.33
Neighborhood Health Plan	31.37	282.31	313.68	80.66	725.95	806.61

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With MEDICARE PLANS²

HEALTH PLAN COSTS (Including Basic Life Insurance)	PER PERSON COVERAGE		
	Retiree Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (comprehensive)	\$39.01	\$272.43	\$311.44
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (non-comprehensive)	30.27	272.43	302.70
Fallon Senior Plan Preferred ³	24.40	219.62	244.02
Harvard Pilgrim Health Care First Seniority ³	20.57	185.13	205.70
Health New England MedRate	36.19	325.71	361.90
Tufts Health Plan Medicare Complement	29.48	265.28	294.76
Secure Horizons	18.80	169.22	188.02

¹ Survivors not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.53 from monthly Retiree Pays premium.

² EGRs – call the GIC for monthly rates.

³ Benefits and rates are subject to change January 1, 2005.

Monthly GIC Plan Rates as of July 1, 2004

For retirees who retired **AFTER 7/1/94**

BASIC LIFE INSURANCE	RETIREE PAYS	COMMONWEALTH PAYS	TOTAL PREMIUM
Basic Life Insurance Only (\$5,000 Coverage)	\$0.80	\$4.50	\$5.30

Without MEDICARE PLANS¹

HEALTH PLAN COSTS (Including Basic Life Insurance)	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	Retiree Pays	Commonwealth Pays	Total Premium	Retiree Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Plan with CIC (comprehensive)	\$101.59	\$441.58	\$543.17	\$230.67	\$996.17	\$1,226.84
Commonwealth Indemnity Plan without CIC (non-comprehensive)	77.93	441.58	519.51	175.80	996.17	1,171.97
Commonwealth Indemnity Plan PLUS	57.27	324.48	381.75	131.71	746.35	878.06
Commonwealth Indemnity Community Choice Plan	52.96	300.05	353.01	126.92	719.19	846.11
Harvard Pilgrim POS	57.25	324.40	381.65	137.32	778.10	915.42
Navigator by Tufts Health Plan	54.57	309.18	363.75	130.82	741.28	872.10
Fallon Community Health Plan Direct Care	42.16	238.87	281.03	100.07	567.03	667.10
Fallon Community Health Plan Select Care	50.62	286.79	337.41	120.39	682.16	802.55
Health New England	43.94	248.98	292.92	107.60	609.73	717.33
Neighborhood Health Plan	47.06	266.62	313.68	121.00	685.61	806.61

With MEDICARE PLANS¹

HEALTH PLAN COSTS (Including Basic Life Insurance)	PER PERSON COVERAGE		
	Retiree Pays	Commonwealth Pays	Total Premium
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (comprehensive)	\$54.15	\$257.29	\$311.44
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (non-comprehensive)	45.41	257.29	302.70
Fallon Senior Plan Preferred ²	36.61	207.41	244.02
Harvard Pilgrim Health Care First Seniority ²	30.86	174.84	205.70
Health New England MedRate Plan	54.29	307.61	361.90
Tufts Health Plan Medicare Complement	44.22	250.54	294.76
Secure Horizons	28.21	159.81	188.02

¹ EGRs – call the GIC for monthly rates.

² Benefits and rates are subject to change January 1, 2005.

GIC RETIREE DENTAL PLAN RATES

\$850 Maximum Annual Benefit per Member	
COVERAGE TYPE	MONTHLY PREMIUM
SINGLE	\$29.99
FAMILY	71.51

RETIREE MONTHLY OPTIONAL LIFE INSURANCE RATES

including Accidental Death and Dismemberment

Retired Employees AGE	SMOKER RATE	NON-SMOKER RATE
	Per \$1,000 of Coverage	Per \$1,000 of Coverage
Under Age 70	\$ 1.74	\$ 1.29
70 – 74	3.25	2.49
75 – 79	8.13	6.21
80 – 84	15.34	11.72
85 – 89	24.29	18.55
90 – 94	34.83	28.19
95 – 99	76.07	61.56
Ages 100 & over	145.86	118.03



Monthly GIC Plan Rates *as of July 1, 2004*

For *Retired Municipal Teachers*

Basic Life Insurance

CITY/TOWN			RMT Pays	City/Town Pays	Total Premium
BASIC LIFE: \$1,000 Coverage			\$0.90	\$1.85	\$2.75
Amesbury	Newbury				
Andover	Orange				
Blackstone Valley Regional SD	Paxton				
Bridgewater	Pelham				
Gloucester	Pioneer Valley Regional SD				
Granby	Plainville				
Hampden-Wilbraham Regional SD	Salisbury				
Narragansett Regional SD	Wilbraham				
BASIC LIFE: \$2,000 Coverage			\$0.90	\$4.64	\$5.54
Amherst	Milton	Stoughton			
Amherst-Pelham Regional SD	Monson	Upper Cape Cod			
Barnstable	North Andover	Regional SD			
Blue Hills Regional SD	Quabbin Regional SD	Ware			
Cohasset	Rehoboth	W. Springfield			
Dennis	Rockland	Whitman-Hanson SD			
Lawrence	Shawsheen Valley	Winthrop			
Martha's Vineyard Regional SD	Regional SD				
BASIC LIFE: \$3,000 Coverage			\$1.35	\$6.96	\$8.31
Weymouth					
BASIC LIFE: \$4,000 Coverage			\$1.80	\$9.28	\$11.08
Rockport					
BASIC LIFE: \$5,000 Coverage			\$2.25	\$11.60	\$13.85
Berkshire Hills Regional SD	Holbrook	Revere			
Berlin-Boylston Regional SD	Holyoke	Rutland			
Billerica	Hudson	Salem			
Bourne	Medford	Saugus			
Dedham	Millis	Spencer			
Eastham	Montague	Stoneham			
Everett	North Adams	Wareham			
Franklin	North Attleboro	Watertown			
Gill-Montague Regional SD	N. Middlesex Regional SD	W. Bridgewater			
Greater Lawrence Regional SD	Norwell	Westfield			
Harvard	Randolph	Woburn			
Hingham					
BASIC LIFE: \$10,000 Coverage			\$4.50	\$23.20	\$27.70
Braintree					
BASIC LIFE: \$15,000 Coverage			\$6.75	\$34.80	\$41.55
Spencer-E. Brookfield Regional SD					

How to calculate your Monthly Premium as of July 1, 2004

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart.
- 2 Locate your "RMT Pays" rate for life insurance.
- 3 Add that amount to the RMT Pays premium below for the health plan you are interested in to determine your monthly health and life insurance premium.

Without MEDICARE PLANS¹

HEALTH PLAN COSTS	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	RMT Pays	City/Town Pays	Total Premium	RMT Pays	City/Town Pays	Total Premium
Commonwealth Indemnity Plan with CIC (<i>comprehensive</i>)	\$80.03	\$466.62	\$546.65	\$189.95	\$1,086.88	\$1,276.83
Commonwealth Indemnity Plan without CIC (<i>non-comprehensive</i>)	51.85	466.62	518.47	120.76	1,086.88	1,207.64
Fallon Community Health Plan Direct Care	27.57	248.16	275.73	66.18	595.62	661.80
Fallon Community Health Plan Select Care	33.21	298.90	332.11	79.73	717.52	797.25
Health New England	28.76	258.86	287.62	71.20	640.83	712.03
Neighborhood Health Plan	30.84	277.54	308.38	80.13	721.18	801.31

With MEDICARE PLANS¹

HEALTH PLAN COSTS	PER PERSON COVERAGE		
	RMT Pays	City/Town Pays	Total Premium
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (<i>comprehensive</i>)	\$45.25	\$291.61	\$336.86
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (<i>non-comprehensive</i>)	32.40	291.61	324.01
Fallon Senior Plan Preferred ²	23.87	214.85	238.72
Harvard Pilgrim Health Care First Seniority ²	20.04	180.36	200.40
Health New England MedRate Plan	35.66	320.94	356.60
Tufts Health Plan Medicare Complement Secure Horizons	28.95	260.51	289.46
	18.27	164.45	182.72

¹ EGRs and RMTs from Peabody – call the GIC for monthly rates.

² Benefits and rates are subject to change January 1, 2005.

Contact Information

For more information about specific plan benefits, call a plan representative.
Be sure to indicate you are a GIC insured.

Health Insurance

Commonwealth Indemnity Plan Commonwealth Indemnity Plan PLUS Commonwealth Indemnity Community Choice Plan Indemnity Medicare Extension (OME) Plan (UNICARE)	1.800.442.9300	www.unicare-cip.com
Commonwealth Indemnity Plans Prescription Drugs (<i>Express Scripts</i>)	1.877.828.9744	www.express-scripts.com
Commonwealth Indemnity Plans and Navigator by Tufts Health Plan Mental Health/Substance Abuse, EAP (<i>United Behavioral Health</i>)	1.888.610.9039	www.liveandworkwell.com (access code: 10910)
Harvard Pilgrim POS	1.800.542.1499	www.harvardpilgrim.org
Navigator by Tufts Health Plan	1.800.870.9488	www.tuftshealthplan.com/gic
Fallon Community Health Plan <i>Direct Care</i> <i>Select Care</i> <i>Senior Plan Preferred</i>	1.800.868.5200	www.fchp.org
Harvard Pilgrim Health Care <i>First Seniority</i>	1.800.779.7723	www.harvardpilgrim.org
Health New England <i>HMO</i> <i>MedRate</i>	1.800.842.4464	www.healthnewengland.com
Neighborhood Health Plan	1.800.433.5556	www.nhp.org
Tufts Health Plan <i>Medicare Complement</i> <i>Secure Horizons</i>	1.800.870.9488 1.800.867.2000	www.tuftshealthplan.com

Other Benefits

Life/AD&D Insurance (<i>UnumProvident</i>) – Call the GIC	1.617.727.2310 ext. 801	www.mass.gov/gic
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1.800.783.3594	www.davisvision.com
Retiree Dental Plan (<i>Altus</i>)	1.800.722.1148	www.altusdental.com
LifeBalance®	1.800.854.1446	www.lifebalance.net (password & ID: lifebalance)

Additional Resources

Social Security Administration	1.800.772.1213	www.ssa.gov
Medicare	1.800.633.4227	www.medicare.gov
State Retirement Board	1.617.367.7770	www.mass.gov/treasury/srb.htm
GIC TDD/TTY Access	1.617.227.8583	Not Available

Retirees, Survivors, Elderly Governmental
Retirees, Retired Municipal Teachers and Former
Employees with 39-week Coverage or COBRA

Other questions?
Call the GIC 617.727.2310, ext. 801 • www.mass.gov/gic.